

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 578579

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

1

2

3

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47

48

49

50

TOTAL
IND.



1



TOTAL
DEP.



6



TOTAL
CLAIMS

7

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

51

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99

100

TOTAL
IND.



TOTAL
DEP.



TOTAL
CLAIMS